

OS-823

2. Identify the individual by whom it was made, the individual to whom it was directed, and all individuals present when it was made; and
3. Identify any document in which it was recorded, described or summarized; and
4. Identify any such document sought to be protected.

INTERROGATORIES¹

- 1) With respect to each and every claim in the Amended Complaint:
 - (a) Identify all facts that refute, relate to, or support your contention;
 - (b) Identify the specific behavior or conduct that you allege that each Defendant engaged in;
 - (c) Identify all persons with knowledge of such contention or facts;
 - (d) Identify all documents that reflect, refer to or relate to such contention or facts.

RESPONSE:

Agree to all fact stated
in amended Complaint

¹ Please submit additional pages, if necessary.

2) Identify all documents which you intend to offer into evidence at the trial of this matter.

RESPONSE: AT This time I don't have Any.

3) Identify all persons having knowledge of the allegations in the complaint or answer whom you intend to call as witnesses at trial, excluding expert witnesses.

RESPONSE: Plaintiff & defendants

4) Identify all persons whom you intend to call as witnesses at trial, excluding expert witnesses.

RESPONSE: Plaintiff & defendants

5) Identify any physical evidence which relates in any way to any of the facts alleged in the complaint or answer, or which you intend to offer in evidence at trial.

RESPONSE: At this time there are not any.

6) Identify each expert you expect to call to testify as a witness at trial and state for each such expert, (i) the qualifications of the expert, (ii) the subject matter on which the expert is expected to testify, (iii) the substance of the facts and opinions to which the expert is expected to testify and (iv) the summary of the grounds for such opinion.

RESPONSE: No experts at this time

7) State the following about yourself:

- a. Full name, and any other names you have gone by or used,
- b. Social Security Number
- c. Date of birth, and any other date of birth you may have used or given,
- d. Place of birth
- e. Highest level of formal education that you successfully completed

RESPONSE:

A. Darus D. Young Sr.

B. 221-48-3847

C. 7-24-75

D. N.J.W. Jersey

E. GED

8) Identify all of your criminal convictions in the past 15 years, including the court, jurisdiction, date of conviction, date of sentencing, and the terms of the sentence.

RESPONSE: *Objection. This request has no relevance to claim.*

9) Identify all employment you have had in the past 15 years, including the name and address of each employer, name of supervisor, dates of employment, rate of pay, job title and responsibilities, and reason for termination.

RESPONSE: *Objection. This request has no relevance to claim.*

10) Identify all physicians you have seen or been treated by in the past 10 years, including name, office address, telephone number, dates of examination or treatment, and the medical problem involved, if any.

RESPONSE: *Doc has full control to this type of medical info.*

11) Identify and describe all accidents, injuries and ailments you have had in the past 15 years, including the history of any mental illness.

RESPONSE: *None*

12) Identify in detail the precise injury or harm you allege was sustained as a result of the allegations in the Complaint.

RESPONSE: *Inflamed Asma Due to Heat. Dampness, Extreme fatigue, eye irritation, heat exhaustion, pain, Discomfort, humiliation & embarrassment, work in extreme condit. of cold climate cause colds & flu.*

13) Describe any medical treatment you received as a result of the allegations in the Complaint, specifically addressing:

a. whether you requested any medical treatment at the Sussex Correctional Institution which you believe in any way resulted from the allegations in your complaint; and

b. the date and method used for any request listed in subparagraph a. of this interrogatory.

RESPONSE: *Asma Pump was use more
2 treatments on machine
was given a second inhaler
2 use*

14) State whether you filed a complaint or grievance at the correctional institution or with the Department of Correction about the subject matter of each and every claim in your

Complaint. If so, when were they filed, with whom were they filed, and what was the response?

If not, why not?

RESPONSE: My name was submitted with George Jackson's Complaint, but was later informed that only one grievance was needed for the job issue Doc Rules

15) State the total amount of compensatory damages you are claiming and the computation used to arrive at the sum.

RESPONSE: One Hundred Thousand \$100,000.00
To be fully compensated for each day I worked under these extreme working conditions.

16) Either prior to or subsequent to the alleged incident(s) referred to in the Amended Complaint, have you ever suffered any injuries, illness or diseases in those portions of the body claimed by you to have been affected as alleged in the Amended Complaint? If so, state:

a. A description of the injuries or diseases you suffered, including the date and place of occurrence; *Asthma*

b. The names and addresses of all hospitals, doctors, or practitioners who rendered treatment or examination because of any such injuries or diseases.

RESPONSE: Doc is in possession of all medical information to this inventory.

17) Have you, or anyone acting on your behalf, obtained from any person any statement, declaration, petition, or affidavit concerning this action or its subject matter? If so, state:

- a. The name and last known address of each such person; and
- b. When, where, by whom and to whom each statement was made, and whether it was reduced to writing or otherwise recorded.

RESPONSE: *Not that I am aware
of*

**STATE OF DELAWARE
DEPARTMENT OF JUSTICE**

/s/ Eileen Kelly
Eileen Kelly (I.D. 2884)
Deputy Attorney General
820 N. French St., 6th Floor
Wilmington, DE 19801
(302) 577-8400
eileen.kelly@state.de.us
Attorney for Defendants

Dated: March 8, 2007

Dawn Yc

I/M: D. Young BLDG: MU
SUSSEX CORRECTIONAL INSTITUTION
P.O. BOX 500
GEORGETOWN, DELAWARE 19947

1747 U.S. POSTAGE PB2230370
7972 \$00.630 APR 10 07
3766 ~~19947~~ 19947

Ms District Court
Local Box 18
844 North King St.
Wilmington, DE 19801

19947-99 C012